



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM

**INTOX EC/IR II MAINTENANCE REPORT**

REPORT #3

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

|   |  |                                  |
|---|--|----------------------------------|
| INTOX EC/IR II SN<br>12849  | NAME OF AGENCY<br>Willard Police Dept. | DATE OF INSPECTION<br>01/07/2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>795 Hughes Rd Willard |  | TIME OF INSPECTION<br>06:29 CST  |

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

|   |  |
|---|--|
| <input checked="" type="checkbox"/> DIAGNOSTIC RECORD |  |
| <input checked="" type="checkbox"/> BLANK CHECK       | <input checked="" type="checkbox"/> CO2 CHECK      |
| <input checked="" type="checkbox"/> FC 1 TEMP         | <input checked="" type="checkbox"/> FLOW CHECK     |
| <input checked="" type="checkbox"/> SRC TEMP          | <input checked="" type="checkbox"/> FCB CHECK      |
| <input checked="" type="checkbox"/> DET TEMP          | <input checked="" type="checkbox"/> CRC COMP CHECK |
| <input checked="" type="checkbox"/> BT TEMP           | <input checked="" type="checkbox"/> CRC CAL CHECK  |
| <input checked="" type="checkbox"/> STD 2 TEMP        | <input checked="" type="checkbox"/> PRINT TEST     |
| <input checked="" type="checkbox"/> ETH CHECK         |  |

BREATH ANALYZER ACCURACY STANDARDS

|  |   |
|--|---|
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION | <input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
|--|---|

|  |            |                      |
|--|------------|----------------------|
| <input checked="" type="checkbox"/> STANDARD SUPPLIER GUTH | LOT# 15120 | EXP. DATE 04/29/2017 |
|--|------------|----------------------|

|  |                         |                                  |
|--|-------------------------|----------------------------------|
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C)<br>34°C +/- .2° | SIMULATOR S/N<br>SD2262 | SIMULATOR EXP DATE<br>01/13/2016 |
|--|-------------------------|----------------------------------|

CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

|  |
|--|
| <input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE |
| <input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE            |
| <input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE            |

|                       |                       |                       |
|-----------------------|-----------------------|-----------------------|
| TEST 1 @ 0.101 g/210L | TEST 2 @ 0.101 g/210L | TEST 3 @ 0.101 g/210L |
|-----------------------|-----------------------|-----------------------|

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

|          |   |       |   |         |   |         |   |         |   |          |   |
|----------|---|-------|---|---------|---|---------|---|---------|---|----------|---|
| REFUSALS | 0 | 0-.04 | 0 | .05-.09 | 0 | .10-.14 | 2 | .15-.19 | 0 | OVER .19 | 1 |
|----------|---|-------|---|---------|---|---------|---|---------|---|----------|---|

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

|                                 |                                    |
|---------------------------------|------------------------------------|
| <b>INSPECTING OFFICER</b>       |                                    |
| SIGNATURE<br>                   | PRINT FULL NAME<br>ROBERTS, AARON  |
| TYPE II PERMIT NUMBER<br>250079 | TELEPHONE NUMBER<br>(417) 742-3077 |
| EXPIRATION DATE<br>04/29/2017   |                                    |

RETURN COMPLETED REPORT TO THE:  
Breath Alcohol Program, Missouri Department of Health and Senior Services,  
Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901

**GUTH LABORATORIES, INC.**

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

**CERTIFICATE OF ANALYSIS**

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 15120 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on May 4, 2015, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1209% (w/vol) ethyl alcohol. The expiration date for this lot number is April 29, 2017 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

***NIST Traceability:***

*Testing was conducted using Cerilliant Reference Standard lot number FN08051301 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.*



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM



PERMIT  
TYPE II

AARON ROBERTS

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following instrument(s):

INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.620 through 577.641, RSMo and 308.111 through 308.116, RSMo.

DATE 4/29/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 250079

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 4/29/2017

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES (224.005-10)

10-20-07-10-07

STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator ROBERTS, AARON  
Permit No 250079  
Date Issued 4/29/2015 Date Expires 4/29/2017